

ADA Accommodation Request Denial
(for use by Administrative Official Only)

[Date]

[Employee Name]

[Address]

RE:

Dear [Employee Name]:

This letter is in response to your request for an accommodation to perform the essential functions of your position.

The health care provider's note that you gave us on [date] stated that you have the following work restriction(s):

- 1.
- 2.
- 3.

We met/spoke with you on [date] to discuss possible accommodations needed because of these restrictions.

After a careful review of your request, we have determined that we are unable to grant your request at this time.

___ In place of your request, the Maryland Judiciary is prepared to provide the following accommodation(s):

- 1.
- 2.
- 3.

Should you wish to accept this/these accommodation(s), please contact me as soon as possible.

___ The Maryland Judiciary has determined that no accommodation is possible without imposing undue hardship on the Judiciary's business.

___ The Maryland Judiciary has determined that it needs additional information from your health care provider and is attaching a Release of Health Information form which will permit us to confer with your health care provider.

___ The Maryland Judiciary has determined that the requested accommodation will not permit you to perform the essential functions of your job. Therefore, _____.

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Your records will be maintained in accordance with applicable confidentiality requirements. Please do not hesitate to contact me if you have any questions.

Sincerely,

[Administrative Official's Name and Title]

cc: Larry Jones
(Acting) Manager, Office of Fair Practices
2001C Commerce Park Dr.
Annapolis, MD 21401
FAX: 410-260-3575